

B210A
B 210A (Form 210A) (12/09)

UNITED STATES BANKRUPTCY COURT

Southern District of New York

In re Lehman Brothers Holdings Inc.,

Case No. 08-13555 (JMP)

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Banca del Piemonte con socio unico Spa
Name of Transferee

Banca del Piemonte con socio unico Spa
Name of Transferor

Name and Address where notices to transferee should be sent:

Court Claim # (if known): //
Amount of Claim: Usd 2,842,561.73
Date Claim Filed: 10/23/2009

Phone: 0039.011.5652.222/217
Last Four Digits of Acct #: 88511

Phone: 0039.011.5652.222/217
Last Four Digits of Acct #: 76228

Name and Address where transferee payments should be sent (if different from above):

Phone: _____
Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: Banca del Piemonte Spa
General Manager
Transferee/Transferee's Agent
[Signature]

Date: 05/16/2011

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Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

(Required)
see schedule attached



Banca del Piemonte

3048.6 Società per Azioni
con unico socio
Sede Legale e Sede Centrale:
10121 Torino - Via Cernaia, 7
Telefono +39.011.56.52.1

Swift BDCP IT TT
R.E.A. n. 35228
Iscritta all'Albo delle Banche
www.bancadelpiemonte.it
Telefax +39.011.531.280

Capitale Sociale € 25.010.800
Cod. Fisc. - Part. IVA - iscr. Registro
Imprese di Torino n. 00821100013
Aderente al Fondo Interbancario
di Tutela dei Depositi

United States Bankruptcy Court
Southern District of New York
Lehman Brother Holdings Claims Processing Center
c/o Epiq Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

Turin, May 16th 2011

Re: Lehman Brothers Holdings Inc. Ch. 11 (Case No. 08-13555 JMP)

Dear Sirs,

please find attached the B 210A Form which we have completed in order to notify you the transfer of our Lehman Programs Securities from Clearstream account number 76228 (unpublished) to Clearstream account number 88511 held by BNP Paribas on Banca del Piemonte's behalf.

For your reference, please also find attached copy of our proof of claim.

For any information, do not hesitate to contact us at the following e-mail address: legale@bancadelpiemonte.it.

Best regards,


BANCA DEL PIEMONTE

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		LEHMAN SECURITIES PROGRAMS PROOF OF CLAIM <small>Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., et al. 08-13555 (JMP)</small>  0000049619	
In Re: Lehman Brothers Holdings Inc., et al., Debtors.		Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	
<p>Note: This form may not be used to file claims other than those based on Lehman Programs Securities as listed on http://www.lehman-docket.com as of July 17, 2009</p>			
THIS SPACE IS FOR COURT USE			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) BANCA DEL PIEMONTE CON UNICO SOCIO SPA (ON BEHALF OF ITS CLIENTS) VIA CERNAIA, 7 - 10121 TORINO - ITALY FAO: ILARIA SICA 0039015652334		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Telephone number: _____ Email Address: <i>i.sica@BANCA DEL PIEMONTE. IT</i>		Court Claim Number: _____ <i>(If known)</i>	
Name and address where payment should be sent (if different from above) <hr style="width: 100px; margin-left: 0;"/>		Filed on: _____	
Telephone number: _____ Email Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
<p>1. Provide the total amount of your claim based on Lehman Programs Securities. Your claim amount must be the amount owed under your Lehman Programs Securities as of September 15, 2008, whether you owned the Lehman Programs Securities on September 15, 2008 or acquired them thereafter, and whether such claim matured or became fixed or liquidated before or after September 15, 2008. The claim amount must be stated in United States dollars, using the exchange rate as applicable on September 15, 2008. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the claim amounts for each Lehman Programs Security to which this claim relates.</p>			
Amount of Claim: \$ 9,842,561.73 (Required) SEE SCHEDULE ATTACHED			
<input checked="" type="checkbox"/> Check this box if the amount of claim includes interest or other charges in addition to the principal amount due on the Lehman Programs Securities.			
<p>2. Provide the International Securities Identification Number (ISIN) for each Lehman Programs Security to which this claim relates. If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the ISINs for the Lehman Programs Securities to which this claim relates.</p>			
International Securities Identification Number (ISIN): _____ (Required) SEE SCHEDULE ATTACHED			
<p>3. Provide the Clearstream Bank Blocking Number, a Euroclear Bank Electronic Reference Number, or other depository blocking reference number, as appropriate (each, a "Blocking Number") for each Lehman Programs Security for which you are filing a claim. You must acquire a Blocking Number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). If you are filing this claim with respect to more than one Lehman Programs Security, you may attach a schedule with the Blocking Numbers for each Lehman Programs Security to which this claim relates.</p>			
Clearstream Bank Blocking Number, Euroclear Bank Electronic Instruction Reference Number and/or other depository blocking reference number: <hr style="width: 100px; margin-left: 0;"/>			
(Required) SEE SCHEDULE ATTACHED			
<p>4. Provide the Clearstream Bank, Euroclear Bank or other depository participant account number related to your Lehman Programs Securities for which you are filing this claim. You must acquire the relevant Clearstream Bank, Euroclear Bank or other depository participant account number from your accountholder (i.e. the bank, broker or other entity that holds such securities on your behalf). Beneficial holders should not provide their personal account numbers.</p>			
Accountholders Euroclear Bank, Clearstream Bank or Other Depository Participant Account Number: #6228 (UNPUBLISHED) (Required)			
<p>5. Consent to Euroclear Bank, Clearstream Bank or Other Depository: By filing this claim, you consent to, and are deemed to have authorized, Euroclear Bank, Clearstream Bank or other depository to disclose your identity and holdings of Lehman Programs Securities to the Debtors for the purpose of reconciling claims and distributions.</p>			
Date: 10.23.2009		Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. GENERAL MANAGER <i>[Signature]</i>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571			
FOR COURT USE ONLY			
FILED / RECEIVED <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> OCT 27 2009 </div>			
EPIQ BANKRUPTCY SOLUTIONS, LLC			

LEHMAN BROTHERS

LEHMAN PROGRAM SECURITIES - LBHI				
ISIN CODE	CLEARSTREAM BANK BLOCKING NUMBER	FACE VALUE	INTERESTS UP TO 09.14.2008	TOTAL AMOUNT
XS0179304869	CA39635	138,679.80	832.04	139,511.84
XS0183944643	CA39625	134,434.50	4,222.19	138,656.69
XS0189741001	CA39633	1,228,306.80	12,515.22	1,240,822.02
XS0193035358	CA39627	14,151.00	49.18	14,200.18
XS0205185456	CA39630	94,811.70	467.24	95,278.94
XS0210414750	CA39632	24,953.60	790.88	25,744.48
XS0213899510	CA39631	157,076.10	3,253.40	160,329.50
XS0252834576	CA39628	212,265.00	3,093.83	215,358.83
TOTAL AMOUNT		2,004,678.5	25,223.98	2,029,902.48
LEHMAN PROGRAM SECURITIES - LBT				
ISIN CODE	CLEARSTREAM BANK BLOCKING NUMBER	FACE VALUE	INTERESTS UP TO 09.14.2008	TOTAL AMOUNT
XS0176153350	CA39623	434,435.70	12,357.87	446,793.57
XS0181945972	CA39624	28,302.00	677.03	28,979.03
XS0189294225	CA39634	131,604.30	2,242.52	133,846.82
XS0200284247	CA39626	28,302.00	844.35	29,146.35
XS0211814123	CA39629	169,812.00	4,081.48	173,893.48
TOTAL AMOUNT		792,456.00	20,203.25	812,659.25
TOTAL AMOUNT LBHI & LBT				2,842,561.73
THIS PROOF OF CLAIM IS FILED ON BEHALF OF THE CLIENTS OF THE BANK				

BANCA DEL PIEMONTE

GENERAL MANAGER




Track this shipment via the DHL Web Site : <http://www.dhl.com>

151470 2700
05/10

ORIGIN DESTINATION CODE

 Track this shipment via the DHL Web Site: http://www.dhl.com		Shipment Air Waybill <small>(Non negotiable)</small>	
Payer account number and insurance details		15 1470 2700	
<input type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd party		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Shipment Insurance see reverse		<small>Not all payment options are available in all countries.</small>	
From Shipment <small>Shipper's account number</small>		100338003	
To Receiver <small>Postcode/Zip Code (required)</small>		Contact name <small>Postcode/Zip Code (required)</small>	
Phone, Fax or E-mail (required)		011/5652254	
Company name		BANCA DEL PIEMONTE SPA	
Address		V. GERMATA, 7 TORINO	
Postcode/Zip Code (required)		10121	
Total weight		PROSPECTUS IMP	
Total number of packages		Dimensions in cm.	
kg		Length Width Height	
gr		@ x x	
kg		@ x x	
gr		@ x x	
5 Full description of contents		Give content and quantity	
6 Non-Documents		POSTAGE FEE	
<small>Attach the original and two copies of a Proforma or Commercial invoice</small>		0510	
<small>Shipper's VAT/GST number</small>		TRN	
<small>Specified Value for Customs purposes (invoice)</small>		ORIGIN	
<small>Specified commercial/performa invoice</small>		DESTINATION CODE	
TYPE OF EXPORT		Consignee / Parcel copy	
<input type="checkbox"/> Permanent <input type="checkbox"/> Repair / Return <input type="checkbox"/> Temporary		Parcel copy	
<small>Destination duties/taxes If left blank receiver pays duties/taxes</small>		TRANSPORT COLLECT STICKER No.	
<input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other		<small>specify approved account number</small>	
7 Shipper's agreement (Signature required)		<small>ROUTE NUMBER</small>	
<small>Unless otherwise agreed in writing, I/we agree that 'DHL's Terms and Conditions of Carriage are all the terms of the contract between me/us and DHL' and if (1) such Terms and Conditions are, where applicable, the Warsaw Convention limits and/or (2) this shipment does not contain cash or dangerous goods (see reverse).</small>		<small>ROUTE NUMBER</small>	
<small>Date</small>		<small>TIME</small>	
<small>Signature</small>		<small>DATE</small>	
<small>Phone, Fax or Email (required)</small>		<small>ROUTE NUMBER</small>	
<small>Contact person</small>		<small>TIME</small>	
<small>10150 - 5076</small>		<small>ROUTE NUMBER</small>	
<small>Country</small>		<small>ROUTE NUMBER</small>	
<small>NY YORK</small>		<small>ROUTE NUMBER</small>	
<small>ARTERICA</small>		<small>ROUTE NUMBER</small>	



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